Effective on 12/08/04 *Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).* # FEE TRANSMITTAL ## For FY 2005 ☐ Applicant claims small entity status. See 37 CFR 1.27	*Complete if Known*	
	Application Number	**10/036,920**
	Filing Date	**December 21, 2001**
	First Named Inventor	**Victoria E. Milton**
	Examiner Name	**Dillon J. Murphy**
	Art Unit	**2624**
	Attorney Docket No.	**177744.01**
TOTAL AMOUNT OF PAYMENT ($) **0.00**	Express Mail Label No.	**N/A**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account   Deposit Account Number: **50-0463**   Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	**0**
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	**0**

2. EXCESS CLAIM FEES

Fee Description		Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100
Multiple dependent claims		360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims	
21 -43 or HP= **0**	x **50**	= **0**		Fee ($)	Fee Paid ($)
HP =highest number of total claims paid for, if greater than 20				**0**	**0**

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
3 - 5 or HP= **0**	x **200**	= **0**	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____	**0** / 50 = **0** (round up to a whole) number x		**250** =	**0**

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	0
Other: _____	0

SUBMITTED BY
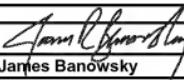
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